



Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction Code NPDES yr / mo / dy Inspection Type Inspector FacType
1 [N] 2 [5] 3 [T][N][0][0][6][1][3][8][7] 11 12 [1][2][1][2][2][0] 17 18 [C] 19 [S] 20 [2]
Remarks

Inspection Work Days Facility Self-Monitoring Evaluation BI QA -----Reserved-----
Rating
67 [] [] 69 70 [3] 71 [] 72 [] 73 [] [] 74 [] [] [] [] 75 [] [] [] [] [] []

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Clifton Lagoon #1 Hwy. 128 Clifton, TN 38425		Entry Time / Date 10:00/12/20/12	Permit Effective Date 1/1/2009
		Exit Time / Date 11:30/12/20/12	Permit Expiration Date 11/30/2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Harold Wallace 931-676-3594		Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Name, Address of Responsible Official / Title / Phone and Fax Number Mr. Mike McClanahan City Manager 931-676-3370 P.O. Box 192 Clifton, TN 38425			
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-monitoring Program	<input type="checkbox"/> Pretreatment Program	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records / Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operation & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes SEV Description
[] [] [] [] [] See attached letter.

Name (s) and Signature(s) of Inspector(s)
Gary Horne
ES-3

Agency / Office / Phone and Fax Numbers
Tennessee Division of Water Pollution Control
Columbia Environmental Field Office
931 490 3940 / 931 380-3397 (FAX)

Date
1/10/13

Signature of Management Q A Reviewer
Ryan Owens
EFOM

Agency / Office / Phone and Fax Numbers
Tennessee Division of Water Pollution Control
Columbia Environmental Field Office
931 490 3941 / 931 380-3397 (FAX)

Date
1/14/13